

ACUPUNCTURE BOARD

1424 HOWE AVENUE, SUITE 37, SACRAMENTO, CA 95825-3233 TELEPHONE: (916) 263-2680/ FAX: (916) 263-2654 CA RELAY SERVICE TT/TDD (800) 735-2929 / DCA TDD (916) 322-1700



<u>ACTIVE / INACTIVE LICENSE APPLICATION</u> (Please type or print clearly)

1.		
	Name:	
	Last	First Middle
2.	Address:	
	Number and Street	Rural Route (include apartment number, if any)
	City	State Zip Code Country
3.	License Number:	4. Telephone Number:
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	of California. I also under required renewal fee by reducation as a condition of	license is on inactive status, I may not practice acupuncture in the State erstand that while my license is on Inactive Status, I must still pay the my license expiration date but am exempt from completing continuing f renewal. If I choose to place my license back on Active Status, I must least 30 hours of AC approved continuing education within the past two
	of California. I also under required renewal fee by reducation as a condition of at	erstand that while my license is on Inactive Status, I must still pay the my license expiration date but am exempt from completing continuing frenewal. If I choose to place my license back on Active Status, I must
Γ	of California. I also under required renewal fee by reducation as a condition of document completion of at years of being inactive. Signature I wish to place my license or pletion from AC approved Captrone as a condition of at years of being inactive.	erstand that while my license is on Inactive Status, I must still pay the my license expiration date but am exempt from completing continuing frenewal. If I choose to place my license back on Active Status, I must least 30 hours of AC approved continuing education within the past two Date